



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4673 FAX: 603-271-4859 TDD Access: 1-800-735-2964

**2009 MILK SANITATION LICENSE
RENEWAL NOTICE**

Enclosed is a renewal application for your milk sanitation license for the year 2009. All 2008 milk sanitation licenses expire on January 1, 2009. Please complete the application and return it with all applicable attachments and the required fee outlined in the schedule on this page. The fee is to be made payable to "Treasurer, State Of New Hampshire". **Incomplete or illegible applications will not be processed.**

In accordance with RSA 184:84 milk sanitation licenses are required for all milk plants located within the State of New Hampshire and all milk distributors, producer-distributors and milk plants located outside the state which sell or offer for sale milk and milk products within the State of New Hampshire. A milk plant is defined as "any place, premises, or establishment where milk or milk products are collected, handled, processed, stored, pasteurized, bottled, packaged, or prepared for distribution." A milk distributor is defined as "any person who offers for sale or sells to another any milk or milk products for human consumption as such." A producer-distributor is defined as a milk producer (the person who controls the milking animals) who is also a milk distributor and sells more than an average of 20 quarts of milk a day.

Milk and milk products are those defined in the Pasteurized Milk Ordinance and He-P 2700, the New Hampshire Administrative Rules for Milk Producers, Milk Plants, Producer/Distributors, and Distributors. These products may be made from milk from any hooved mammal. **Grade "A"** milk products include, but are not limited to: milk, lowfat milk, nonfat milk, half & half, light whipping cream, light cream, heavy cream, eggnog, buttermilk, cultured milk, cultured lowfat milk, cultured nonfat milk, acidified milk, acidified lowfat milk, acidified nonfat milk, sour cream, yogurt, lowfat yogurt and nonfat yogurt. **Non-Grade "A"** milk products include, but are not limited to: ice cream, reduced fat ice cream, non fat ice cream, frozen yogurt, cottage cheese, soft cheese, and hard cheese.

If you are no longer processing or distributing milk or milk products which are sold in New Hampshire please return the application with note of explanation so we can update our records. Thank you.

If you have any questions, please do not hesitate to contact me by telephone at (603) 271-4673 or by e-mail at lkeller@dhhs.state.nh.us.

Sincerely,

Leah Keller, Supervisor
Dairy Sanitation Program
Food Protection Section

FEE SCHEDULE

- CLASS 1 (\$200)** Over 25,000 pounds of milk and/or milk products sold/distributed per day.
- CLASS 2 (\$150)** Over 10,000 pounds of milk and/or milk products sold/distributed per day but less than 25,000.
- CLASS 3 (\$100)** Over 1,000 pounds of milk and/or milk products sold/distributed per day but less than 10,000.
- CLASS 4 (\$50)** 1,000 pounds or less of milk and/or milk products sold/distributed per day.



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2009 MILK SANITATION LICENSE RENEWAL APPLICATION

(Please type or print)

Full Legal Name of Corporation or Owner: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Title:** _____

(For correspondence)

Telephone: () _____ **Fax:** () _____ **E-mail Address:** _____

Facility Name & Location: _____

(If different from above)

City: _____ **State:** _____ **Zip:** _____

Facility Contact Person: _____ **Telephone:** () _____ **Fax:** () _____

License Class: _____ **Fee:** _____ (See schedule on cover letter)

Out-of-State Grade A Plants please indicate your IMS _____

| | | |
|--|--|------------------------|
| <u>Products Produced And/Or Distributed</u> | <u>Name of Manufacturer (if distributed only)</u> | <u>Location</u> |
|--|--|------------------------|

(Please provide a complete list including brand names. Attach additional sheet if needed.)

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Please attach the following:

1. Copy of each label for any new products.
2. Copy of any label, which has been changed in the last 12 months.
3. Copy of the most recent facility inspection if the plant is not on the Interstate Milk Shipper's List. If the facility is listed, please indicate your IMS number in the space above.
4. Fee made payable to "Treasurer, State of New Hampshire". (See fee schedule on first page.)

I, (print name & title) _____, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section, Dairy Sanitation Program with regards to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: _____ **DATE OF APPLICATION:** _____

DO NOT WRITE BELOW THIS LINE

| | | |
|----------------------|-----------------------|------------------|
| Date received: _____ | Check number: _____ | Amount: _____ |
| Date issued: _____ | License number: _____ | Audit no.: _____ |
| Reviewed by: _____ | Date reviewed: _____ | |